

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 4 - Provider Communications

Table of Contents

(Rev. 15, 11-18-05)

- 10 - Introduction
- 20 - FI Provider Communications – Provider Education and Training
 - 20.1 - Provider Communications – Program Elements
 - 20.1.1 - Provider Service Plan (PSP)
 - 20.1.2 - Provider Inquiry Analysis
 - 20.1.3 - Provider *Claims Submission Error* Analysis
 - 20.1.4 - Provider Communications Advisory Group
 - 20.1.5 - Bulletins/Newsletters/*Educational Materials*
 - 20.1.6 - Seminars/Workshops/*Trainings*/Teleconferences
 - 20.1.7 - New Technologies/Electronic Media
 - 20.1.8 - Training of Providers in Electronic Claims Submission
 - 20.1.9 - Provider Education and Beneficiary Use of Preventive Benefits
 - 20.1.10 - Internal Development of Provider Issues
 - 20.1.11 - Training of Provider Education Staff
 - 20.1.12 - Partnering with External Entities
 - 20.1.13 - Other Provider Education Subjects and Activities
 - 20.1.14 - Provider Education Material
 - 20.2 - Provider Communications – Program Administration
 - 20.2.1 - PSP Quarterly Activity Report
 - 20.2.2 - Charging Fees to Providers for Medicare Education and Training Activities
 - 20.2.3 - Provider Information and Education Materials and Resource Directory
- 30 – Carrier (Including DMERCs) Provider/Supplier Communications – Provider/Supplier Education and Training
 - 30.1 - Provider/Supplier Communications - Program Elements
 - 30.1.1 - Provider/Supplier Service Plan

- 30.1.2 - Provider/Supplier Inquiry Analysis
- 30.1.3 - Provider/Supplier *Claims Submission Error* Analysis
- 30.1.4 - Provider/Supplier Communications Advisory Group
- 30.1.5 - Bulletins/Newsletters/*Educational Materials*
- 30.1.6 - Seminars/Workshops/*Trainings*/Teleconferences
- 30.1.7 - New Technologies/Electronic Media
- 30.1.8 - Training of Providers/Supplier in Electronic Claims Submission
- 30.1.9 - Provider/Supplier Education and Beneficiary Use of Preventive Benefits
- 30.1.*10* - Internal Development of Provider/Supplier Issues
- 30.1.*11* - Training of Provider/Supplier Education Staff
- 30.1.*12* - Partnering with External Entities
- 30.1.*13* - Other Specific Provider/Supplier Education Subjects and Activities
- 30.1.*14* - Provider/Supplier Education Material
- 30.2 - Provider/Supplier Communications - Program Administration
 - 30.2.1 - PSP Quarterly Activity Report
 - 30.2.2 - Charging Fees to Providers/Suppliers for Medicare Education and Training Activities
 - 30.2.3 - Provider/Supplier Information and Education Materials and Resource Directory

10 - Introduction

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

***NOTE:** Those contractors not funded for the requirements in CR 3376 shall follow the instructions in this chapter. Contractors funded for CR 3376 shall follow the instructions in Chapter 6 of IOM Pub. 100-09.*

This chapter contains general instructions and requirements for Medicare carriers, including DMERCs, and fiscal intermediaries (FIs) regarding provider communications, education, and training. Normally, the term “contractor” is used in this manual to mean any or all of these. If an instruction should apply to only one type of contractor, *it* will be specified.

20 – FI Provider Communications – Provider Education and Training

(Rev.3, 12-09-03)

A2-2965

This section and its related subsections apply only to FIs.

Sections 1816 (a) and 1842 (a)(3) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers. The fundamental goal of the CMS’ Provider Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

The PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers for timely, accurate, and understandable Medicare information.

The PCOM is directed at educating providers and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers, plus have a unique focus upon training and consulting for new Medicare providers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider audience.

20.1 - Provider Communications – Program Elements

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall implement the basic requirements for PCOM stated herein.

Contractors shall report costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

20.1.1 - Provider Service Plan (PSP)

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall prepare and submit a PSP annually. The PSP outlines the strategies, projected activities, efforts, and approaches the contractor will use during the forthcoming year to support provider education and communications. The PSP must address and support all the implementation strategies and activities stated herein as well as all required activities stated in the yearly Budget and Performance Requirements (BPRs).

Contractors shall submit a draft or preliminary PSP for review to their Regional Office (RO) PSP coordinator or contact at the time it submits its annual budget request. Contractors shall send the final PSP electronically by October 31, to their RO PSP coordinator and to CMS Central Office (CO) at ProviderServices@cms.hhs.gov.

Contractors shall adhere to the PSP template/format and instructions located on the CMS Web site at www.cms.hhs.gov/contractors/providercomm/default.asp when developing and issuing the annual PSP. Contractors must ensure that they are utilizing the most recent version of the PSP template/format.

20.1.2 - Provider Inquiry Analysis

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* maintain a *systematic and reproducible* provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) *beyond claims status and eligibility* and areas of concern/confusion for providers/suppliers. *Contractors shall describe this process in the PSP. Contractors shall utilize information or instructions furnished by CMS to classify or categorize provider inquiries. Contractors shall develop and implement outreach and educational efforts to address the needs of providers/suppliers as identified by this program.*

20.1.3 - Provider *Claims Submission Error* Analysis

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* maintain a provider/supplier data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers/suppliers *in their jurisdiction*. Claims submission errors *are those that* result in rejected, denied, or incorrectly paid claims. *Contractors shall develop and implement outreach and educational efforts to address the needs of providers/suppliers as identified by this program.*

20.1.4 - Provider Communications Advisory Group

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

FI's *shall* support and maintain a PCOM Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and provide advice and recommendations to the FI on provider communications matters.

A Purpose of PCOM Advisory Groups

The primary function of the PCOM Advisory Group is to assist the FI in the creation, implementation, and review of provider education strategies and efforts. The PCOM Advisory Group provides input and feedback on training topics, provider education materials, and dates and locations of provider education workshops and events. The group also identifies salient provider education issues, and recommends effective means of information dissemination to all appropriate providers and their staff. The PCOM Advisory Group should be used as a provider education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable for the FI to use PCOM Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider communication materials and strategies.

B Composition of PCOM Advisory Group

Contractors shall strive to maintain professional and geographic diversity within *the* PCOM advisory groups. *Contractors* should attempt to include representatives of various provider institutions or specialties serviced, including state and local trade and professional associations, practicing providers or staff members deemed appropriate, and representatives of billing organizations. Providers from different geographic areas, as well as from urban and rural locales, should be represented in any PCOM Advisory Group. *Contractors should* consider inviting representatives of Quality Improvement Organizations (QIOs) from *the contractor's jurisdiction* to participate in PCOM Advisory Group meetings.

Contractors should consider having more than one PCOM Advisory Group when the breadth of *the* geographic service area, or range of the providers serviced, diminishes the practicality and effectiveness of having a single PCOM Advisory Group. For further guidance on this issue, *contractors shall* contact *the* regional office PCOM *contact*.

C The Contractor Role

The FI *shall* maintain the PCOM Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare FIs to allow outside organizations to operate the PCOM Advisory Group. After soliciting suggestions from the provider community, the FI should select the appropriate individuals and organizations to be included in the group. The main point of contact for all PCOM Advisory Group communication *shall* be within the FI's PCOM or similar department. At a minimum, the FI *shall be* responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare contractors having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, *regional* home health intermediary, etc.) *shall* have separate PCOM advisory groups for each kind of Medicare contract. It is also impermissible for FIs having geographic proximity or overlap with one another to share a PCOM Advisory Group. Each FI *shall* have its own separate group. Contractors shall not reimburse or

charge a fee to group members for membership or for costs associated with serving on a PCOM Advisory Group. FIs *shall* notify their CMS regional office PCOM coordinator of the schedule and location of PCOM Advisory Group meetings.

Contractors shall consider the suggestions and recommendations of the PCOM Advisory Group, and implement or enact them if *the contractor* deems them reasonable, practicable, and within *the* provider communications program requirements and budget constraints. After consideration, *the contractor shall* explain to the group reasons for not implementing or adopting any group suggestions or recommendations.

D Meeting Specifics

Contractors may hold PCOM Advisory Groups in-person or via teleconferencing. The CMS recommends that *contractors* hold at least one meeting per calendar year with group members in-person. *Contractors shall make* teleconferencing available to Advisory Group members who cannot be present for any meeting. *Contractors shall* also have a specific area on *the Provider Outreach* Web site that allows providers to access information about the PCOM Advisory Group (minutes from meetings, list of organizations or entities comprising the PCOM Advisory Group, an e-mail address for a contact point and for further information on the PCOM Advisory Group, etc.).

Contractors shall notify PCOM Advisory Group members that information about their participation on the Advisory Group may be on the Web site. *Contractors* should consult with *the* CMS regional office PCOM coordinator if a member has objections, and on ways to mitigate them.

Contractors shall solicit discussion topics from group members *and shall distribute* meeting agendas to all members of the group and the CMS regional office PCOM coordinator at least 2 business days prior to any meeting. After each meeting, *contractors shall disseminate* minutes within 7 business days to all group members and others who request them.

E Relationship to Other FI Advisory Groups

PCOM advisory groups operate independently from other existing FI advisory committees. While a PCOM Advisory Group may, at its discretion, share information with other advisory groups, the PCOM Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual PCOM Advisory Group member can be a member of another FI advisory committee, the majority of PCOM Advisory Group members should not be current members of any other FI advisory group.

For more information or specific guidance on any of the above issues, *the contractor* should contact *the* regional office PCOM coordinator.

20.1.5 - Bulletins/Newsletters/*Educational Materials*

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Unless otherwise established with CMS, *contractors shall* print and distribute regular provider bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, *contractors shall* stop sending regular bulletins to providers with no billing activity in the previous 12 months. *Contractors*

shall post on the Provider Outreach Web site newly created bulletins/newsletters/educational materials.

Contractors shall provide within the introductory table of contents, summary, compilation or listing of articles/information, an indicator (e.g. word(s), icon, or symbol) that denotes whether the article/information is of interest to a specific provider audience(s) or is of general interest. *Contractors shall disregard* this requirement if *the* introductory table of contents, summary, or article/information compilation is structured by specialty or provider interest groupings.

Contractors shall include the following on all printed bulletins/newsletters *as* either a header or footer in boldface type within the first three pages: **"This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the Provider Staff. Bulletins Are Available at No Cost from Our Web Site [Insert FI Web Site Address]."**

Contractors shall encourage providers to obtain electronic copies of bulletins/newsletters and other notices through *the Provider Outreach* Web site. If providers are interested in obtaining additional paper copies on a regular basis, *contractors* are permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. *Contractors may also assess a* charge to any provider who requests additional single paper copies.

Contractors may use alternative distribution methods to printing and mailing paper bulletins.

Contractors that have been approved by CMS for alternative distribution of bulletin information by December 31, 2005, shall continue to distribute their bulletins/newsletters in the manner that was approved. After December 31, 2005, both existing and new contractors interested in alternative distribution methods shall develop a proposal and submit it to CMS for approval. For a complete list of proposal requirements, go to www.cms.hhs.gov/contractors. Some elements of a proposal shall include:

- 1. Alternative distribution method, i.e. contractor Web site, CD-ROM;*
- 2. Documentation that electronic bulletins will contain the same information as paper bulletins;*
- 3. Projected savings over paper distribution (person hours and/or dollars), and*
- 4. Plans for use of projected savings.*

Contractors shall submit an evaluation of their alternative distribution method six months from its implementation date. A second evaluation is due six months from the first evaluation. Evaluations shall include:

- 1. Estimated savings during six months;*
- 2. Total number of paper bulletins distributed during six months;*
- 3. Analysis of why paper bulletins were requested by providers/suppliers, and suggestions of ways to assist them in getting electronic bulletins;*

4. *Total number of providers/suppliers who are receiving paper bulletins after six months, and*
5. *Total number of provider/supplier praises and complaints along with a description of praises and complaints.*

Contractors shall submit all evaluations electronically to CMS Central Office (CO) at ProviderServices@cms.hhs.gov.

After implementation, contractors may choose to modify elements of their alternative distribution program. Prior to implementing changes, contractors must first submit proposed modifications to CMS for approval. Proposals containing modifications must be submitted to ProviderServices@cms.hhs.gov. Contractors shall submit additional evaluation of their alternative distribution program six months after CMS has approved any modification(s).

20.1.6 - Seminars/Workshops/*Trainings*/Teleconferences

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers about the Medicare program and billing issues.

Contractors shall conduct at least two workshops during the year, *per jurisdiction*, that are targeted to new Medicare providers and provider billing staff. *Contractors will be notified by CMS when workshops should be scheduled for each state.* These workshops should deal with fundamental Medicare policies, programs, and procedures, but should concentrate and feature information on billing Medicare.

Whenever feasible, *contractors should coordinate* activities with other regional Medicare contractors, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in *the* service area.

Contractors shall routinely and directly notify external groups, organizations, and other interested entities within *the* geographic service area of upcoming provider education and training events. Direct notification avenues include mail, telephone, and e-mail.

Contractors should make notifications sufficiently in advance of the scheduled event to allow for registration.

Contractors shall develop and implement, whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, *contractors shall* hold teleconferences to address and resolve inquiries from providers as a method to reach a broad audience. If facilities permit, *contractors* should host Medicare Learning Network (MLN) satellite broadcasts for providers in *the* service area.

20.1.7 - New Technologies/Electronic Media

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* use new technologies and electronic media as an efficient, timely and cost-effective means of disseminating Medicare provider information to the audiences they serve.

A Provider *Outreach* Web Site

Contractors shall maintain a Web site that is dedicated to furnishing providers with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with "Contractor Website Standards and Guidelines" posted at <http://cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. *Contractors shall* periodically review the "Web site Standards and Guidelines" to determine continued compliance. During the first three months of each calendar year, *contractors shall* send a signed and dated statement to *the* RO PCOM Coordinator attesting to whether *the contractor's* Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in *the contractor's* organization who has authority over the Web site should sign the attestation statement.

The contractor's Provider Outreach Web site *shall consist of information that is easy to use and easily searchable and shall* contain, *at a minimum*, the following:

- *Provider bulletins/newsletters for the past 2 years;*
- *Information concerning joining contractor provider listservs;*
- *Frequently Asked Questions (FAQs) based on high volume inquiries (updated at least quarterly);*
- A schedule of upcoming *provider education* events (e.g., seminars, workshops, fairs.);
- Ability to register for seminars *contractor education events;*
- Search engine functionality;
- A "What's New" or similarly titled section that contains important information that is of an immediate or time sensitive nature;
- A "Site Map" that shows in simple text headings the major components and allows users direct access to these components through selecting and clicking on the titles. This feature must be accessible from the home page of the Web site using the words "Site Map";
- A tutorial explanation of how to use *the* Provider *Outreach* Web site that is accessible from the home page. The tutorial must describe how to navigate through the site, how to find information, and explain features. The tutorial information can be on a "help" page as long as the "help" feature is accessible from the home page;
- Information for providers on electronic *claims submission;*

- *Information about the contractor, at a minimum, including the telephone number (s) for provider inquiries, a fax number(s) for provider inquiries, and a mailing address for provider written inquiries;*
- *An IVR operating guide;*
- *CMS products, articles and messages posted, as directed; and,*
- *A feedback mechanism that asks users for their appraisals of the helpfulness and ease of use of the site, as well as their thoughts and suggestions for improvement or additions to the site.*

Contractors shall develop and implement a feedback mechanism for users of *the* Medicare Web site. Users must be able to easily reach the feedback instrument from the homepage of *the Provider Outreach* Web site. This mechanism should ask users of *the* site for their appraisals of the helpfulness and ease of use of the site and the information contained on it, as well as their thoughts and suggestions for improvement or additions to the site.

Within *the* feedback mechanism *contractors shall* provide information about how providers can offer reaction to CMS about *the contractor's* performance in their dealings with *the contractor*. *Contractors shall* provide the post office mailing address of *the* CMS Regional Office PCOM Coordinator as the referral point for these reactions.

The contractor's Provider Outreach Web site *shall* link to:

- The CMS Web site at <http://www.cms.hhs.gov/>;
- The MLN at <http://www.cms.hhs.gov/medlearn>;
- The site for downloading CMS publications at <http://www.cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://www.cms.hhs.gov/manuals/transmittals/>;
- CMS' Quarterly Provider Update (QPU) Web site page at <http://www.cms.hhs.gov/providerupdate/main.asp>;
- The site that contains descriptions for Remittance Advice reason codes and remark codes at www.wpc-edi.com/servicesreview.asp;
- CMS' HIPAA Web site at <http://www.cms.hhs.gov/hipaa/hipaa2>;
- CMS' central provider page at <http://www.cms.hhs.gov/providers>;
- CMS' Medicare supplier information site at <http://www.cms.hhs.gov/suppliers>; and
- Other CMS Medicare contractors, partners, QIOs, and other sites that may be useful to providers.

1 Directed Web Site/Bulletin Article

FIs often receive instructions from CMS to print a provider education article or other information in their provider bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, *contractors shall* locate the article or information from CMS on the "What's New" or similarly titled section of *the Provider Outreach* Web site. Unless specifically directed otherwise, *the contractor should put* the article or

information on the Web site as soon as possible after receipt, and *it should* remain on *the* Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on *the* Web site, whichever is later.

2 Use of Current Procedural Terminology

Contractor Web sites *shall* adhere to requirements stated in Publication 100-04, Claims Processing Manual, Chapter 23, Subsection 20.7 regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, *contractors shall* determine whether *the* Web site complies with requirements stated in this Chapter and Subsection of the Claims Processing Manual. *Contractors shall* send a signed and dated statement attesting to whether *the* Web site complies *with* the requirements, during the first 3 months of each calendar year, to *the* RO PSP or PCOM Coordinator. The person in the FI's organization who has authority over the Web site should sign the attestation statement.

3 Web Site Promotion and Presentations

Contractors shall actively promote, market, and explain *the* Medicare Provider *Outreach* Web site. *Contractors shall* present information concerning how to find, navigate and fully use *the* Medicare Provider *Outreach* Web site. This information should be part of, or made available at, all provider education and training workshops and seminars, training sessions with individual providers, and all other provider education events.

B Electronic Mailing List/Listserv

1 General

Contractors shall maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider communications events, and other announcements necessitating immediate attention. At a minimum, *contractors shall* use electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on *the* Web site. Providers *shall* be able to join *the* electronic mailing lists via *the* Provider *Outreach* Web site. Subscribers to *the* electronic mailing lists must also be able to initiate de-listing themselves via the Web site. *Contractors shall* post notices on *the* Web site and in bulletins/newsletters that encourage subscription to the electronic mailing lists. *The contractor's* electronic mailing lists *shall* be capable of accommodating all providers. *Contractors should construct* electronic mailing list(s) for only one-way communication, i.e., from *the contractor* to subscribers.

2 Targeted Listservs

Contractors shall develop and maintain multiple electronic mailing lists that allow *the contractor* to direct messages and information to segments of the provider population served. *Contractors shall* use these targeted electronic mailing lists to send messages and information regarding Medicare program, policies, or procedures that are of relevance or interest to specific provider audiences.

Contractors may use the following list to determine applicable provider audiences, and if feasible, *may* develop and use these as targeted provider listserv categories. This list does

not preclude contractors from developing or using additional, categorically different or more finite groupings.

Provider Listserv Categories:

Ambulatory Surgical Center, Ambulance, Clinical Diagnostic Laboratory, Community Mental Health Center, Comprehensive Outpatient Rehabilitation Facility, DMEPOS, Federally Qualified Health Center, Hospital, Hospice, Home Health Agencies, Independent Diagnostic Testing Facility, Non-Physician Practitioner, Organ Procurement, Outpatient Physical Therapy Facility, Physician, Renal Dialysis Facility, Rural Health Clinic, Religious Non-Medical Health Care Institution, Skilled Nursing Facility.

3 Promotion and Membership

Contractors shall actively market and promote to *the* provider community the benefits of being a member of *the contractor's* listserv(s). *Contractors shall use* all regular provider communications tools and channels (bulletins, workshops, education events, advisory group meetings, written materials, remittance advice messages (if possible), etc.) for this endeavor. The total of unique, individual active members of *the contractor's* listserv(s) must be at 60% or higher of *the* active provider count. For the purpose of calculating this percentage, no one individual member of *the* listserv(s) can be counted more than once, and active providers are all individual providers who have had billing activity during the previous 12 months.

NOTE: It is a goal of CMS that *the contractor's* listserv(s) population continually increases. CMS will periodically adjust the percentage requirement stated above in order to accomplish this goal.

4 Protection and Recordkeeping

Contractors shall be required to protect electronic mailing list(s) addresses from unauthorized access or inappropriate usage. *Contractors shall refrain from sharing, selling or in any way transferring* electronic mailing lists, or any portions or information contained therein, to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, the FI *shall* first obtain express written permission of its CMS regional office PCOM or PSP Coordinator.

Contractors shall maintain records of electronic mailing list usage. These records should include when the electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message.

Contractors shall keep records for one year from the date of usage.

20.1.8 - Training of Providers in Electronic Claims Submission

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall conduct training for providers or their staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software

released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of provider training requirements associated with EDI functions. The PCOM function covers providers in group settings rather than contact with individuals. PCOM covers newsletters, classes or outreach to groups of providers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers or the resolution of connectivity problems.

20.1.9 - Provider Education and Beneficiary Use of Preventive Benefits

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall conduct PCOM efforts that promote the use of preventive services and other benefits covered by Medicare. These preventive services may include, but are not limited to, initial physical examinations, cardiovascular and diabetes screening tests, screening mammography, and screening for colorectal, cervical, and prostate cancer. Other benefits include, but are not limited to, such topics as newly covered services and new or modified payment systems.

20.1.10 - Internal Development of Provider Issues

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall hold periodic meetings with staff in appropriate areas of the contractor's organization (including personnel responsible for medical review, enrollment, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers to these other areas in the organization are communicated and shared with provider education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

20.1.11 - Training of Provider Education Staff

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall implement a developmental plan for training new provider education personnel, and periodically assessing the training needs of existing provider education staff. The plan, which must be written and available to the FI's provider education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider education staff.

CMS Sponsored Provider Communications Training

Contractors *shall* send at least one training representative to national CMS conferences, e.g. train-the-trainer conferences. *Contractor* representatives should be from the appropriate business function area i.e., provider education/customer service, payment, claims processing, billing, or medical review. These representatives will be responsible for training additional staff who will then educate providers and provider staffs in their area.

20.1.12 – Partnering with External Entities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall work toward establishing partnerships with external entities to help disseminate Medicare provider information. Partnering entities may be medical, professional or trade groups and associations, government organizations, educational institutions, trade and professional publications, specialty societies, and other interested or affected groups. By establishing collaborative information dissemination efforts, providers will be able to obtain Medicare program information through a variety of sources. Partnering or collaborative provider information and education efforts can include external entities:

- Printing information in member newsletters or publications;
- Reprinting and distributing (free-of-charge) provider education materials;
- Giving out provider education materials at organization meetings and functions;
- Scheduling presentations or classes to or for members;
- Posting provider information on their websites; and
- Helping organizations develop their own Medicare provider education and training material.

20.1.13 - Other Provider Education Subjects and Activities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

A. Quarterly Provider Update Promotion

The Quarterly Provider Update (QPU) is a listing of the regulations and program instructions issued by CMS that impact Medicare providers. The QPU is maintained by CMS and available to providers through the CMS Web site. Providers may elect to join a CMS electronic mailing list, to be notified periodically, of additions to the QPU.

Contractors shall promote the existence and usage of the QPU and the electronic mailing list to providers through *the contractor's* provider communications avenues, e.g., *the* Medicare Provider *Outreach* Web site, bulletins/newsletters, provider workshops, presentations and events, and in provider education materials.

B. Remittance Advice Provider Communications

Providers receive a remittance advice, which is a notice of payment and adjustment, once a claim has been received and processed. An adjustment refers to any change that relates to how a claim is paid differently from the original billing. Adjustments can include denied claim, zero payment, partial payment, reduced payment, penalty applied, additional payment and supplemental payment. Two important non-medical code sets are used to communicate an adjustment, or why a claim (or service line) was paid differently than it was billed. These code sets are Claim Adjustment Reason Codes and Remittance Advice Remark Codes. Descriptions for both of these code sets appear at: www.wpc-edi.com/servicesreview.asp. Contractors shall promote the use and understanding of the Remittance Advice as an educational tool for communicating claims

payment information. Whereas specific instruction has not been given by CMS to use specific Claim Adjustment Reason Codes and Remittance Advice Remark Codes to communicate claim payment and adjustment information and a code would help reduce provider inquiries, contractors shall use appropriate codes. Contractor provider inquiry, provider outreach and education and system staff shall work together to identify Claim Adjustment Reason Codes and Remittance Advice Remark Codes to help communicate an adjustment and reduce provider inquiries.

The Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) are the preferred methods for claim payment communication and payment distribution. Contractors shall promote provider receipt of ERA and EFT.

When a provider elects to receive the Standard Paper Remittance (SPR), contractors shall use the SPR provider messaging properties, when available, of this notice to convey Medicare programmatic information including, but not limited to, the promotion of their Medicare provider Web site, changes in policies and programs, and the promotion of their upcoming outreach and education activities and efforts.

C. Provider Assistance Referral Program

Contractors shall develop and maintain a provider assistance referral program within the provider communications function. This program should be capable of handling the more complex questions that may be referred by customer service representatives and require substantive technical experience, knowledge or research to answer.

20.1.14 - Provider Education Material

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

As needed, *the contractor shall* develop and produce provider information and education materials that support *the contractor's* provider communications activities. These materials do not include bulletins and newsletters.

As needed, *the contractor shall* develop and produce provider education products that use special media, (videos, Web/computer based training courses, audio tapes, CD ROMs, etc) and support *the contractor's* provider communications activities.

20.2 - Provider Communications – Program Administration

(Rev. 3, 12-09-03)

A2-2965.B

20.2.1 - PSP Quarterly Activity Report

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors are required to prepare and submit QARs on a quarterly basis that address the strategies, activities, and efforts used to support the PCSP. The QAR summarizes and recounts the contractor's provider education and training activities during the previous quarter year. Contractors shall submit their QARs electronically to their Regional Office contact and to ProviderServices@cms.hhs.gov after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

Contractors shall adhere to the QAR template/format and instructions located on the CMS Web site at www.cms.hhs.gov/contractors/providercomm/default.asp when developing and issuing their QARs. Contractors must ensure that they are utilizing the most recent version of the QAR template/format.

20.2.2 - Charging Fees to Providers for Medicare Education and Training Activities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

CMS expects that contractors shall not charge for the development and presentation of provider education and training and provider education materials. However, there are some circumstances under which contractors may charge fair and reasonable fees to participants to offset or recover costs associated with educational activities.

A No Charge

Except when a provider or external group has requested the training, contractors shall not charge for the development and/or presentation of materials for education and training activities.

B Fair and Reasonable Fees

Contractors may charge fair and reasonable fees in the following instances and/or for the following items to offset or recover the costs associated with the training or educational activity or material; note that fair and reasonable means that the fee charged is in line with the actual cost of the activity or item and is within the means of likely participants.

1. Contractor-sponsored training activity

At a contractor-sponsored training activity, contractors may charge to offset the costs for:

- Facilities (i.e., costs for rental and set up),*
- Audio/visual equipment (i.e., costs for rental and set up),*
- Light food/refreshments, and*
- Duplication of materials.*

2. Copies of material available on the provider education Web site

Contractors may charge for:

- Copies of information available on the contractor's Web site, including paper or other form (i.e., CD-ROM) sent directly to the provider (i.e., duplication costs, shipping and handling.)*

3. Training Requested by Individual Provider or External Group

Contractors may charge for:

- *Costs for development of materials, presentation of materials, duplication of materials, staff time and preparation, travel, accommodations, and registration fees (as appropriate.)*

NOTE: *The contractor* may accept nominal speakers' fees or recognition gifts, such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, *the contractor is* not permitted to accept and/or use substantive gifts or donations associated with participation in education and training activities absent specific authority from CMS.

C Considerations and Record Keeping for Fee Collection, Including Excess Revenues

Fees collected in keeping with the above guidance must be used only to cover the costs of these activities and may not be used to supplement other Medicare contractor activities. Additionally, development and reproduction costs for materials developed expressly for a contractor sponsored training event or workshop and disseminated and used at the event can be included in the costs incurred for that workshop.

Whenever fees are collected, contractors shall keep records per event per fiscal year of the actual costs incurred, i.e., facility rental, audio/visual equipment, light refreshments, development and/or duplication of materials, and all fees charged to, and collected from, registrants. Contractors shall keep records for at least one year from the date of the educational event and should document actual costs used to support the fees charged.

Excess Revenues from Participant Fees

Excess revenues from participant fees may occur when the total of the fees collected exceeds the total of the allowable costs. Contractors may use one of the following methodologies for the purpose of determining the treatment and disposition of any excess revenues collected from fee-associated provider education events.

Per event: *The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, the contractor shall refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, the contractor may charge participants a \$50 registration fee for an event that cost the contractor \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and the contractor collects \$12,500. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.*

Per year: *The contractor shall total, as of June 30, the fees or charges collected to attend already held fee-associated provider education and training events for the fiscal year. The contractor shall add to that amount/total fees or charges the contractor estimates will be collected from attendance at all remaining scheduled events. The contractor shall subtract the total costs (meeting room rental, audio-visual/presentation equipment, light refreshment and food, and specially developed workshop material) from the total of fees collected and estimated for the remaining months of the current fiscal year. If the remainder is a number that is 10 percent or less of total costs, the contractor*

shall note that amount in the 3rd quarter QAR. If the remainder is a number between 10 and 50 percent of total costs, the contractor shall send a message by July 15 to CMS CO (providerservices@cms.hhs.gov) and the RO PSP representative explaining the amount of excess revenue, and plans for how the contractor will be using this money within the PCOM program. If the remainder is above 50 percent of the total costs, the contractor shall send a message by July 15 to CMS CO and the RO PSP Coordinator explaining the amount of excess revenue, and be prepared to refund the entire excess revenue equally to everyone who attended one of the contractor's fee-based training events.

D Refunds/Credits for Cancellation of Events

In order to secure sites needed for future provider/supplier training events, the *contractor* may have to make commitments under which it will incur contractual expenses for training accommodations and services. *The contractor shall make* full or partial refunds/credits to providers who register for an event, and cancel before the event, or do not attend the event, within the context of these contractual arrangements. If training is scheduled and the *contractor* cancels the event, *the contractor shall make* a full refund to registrants. If there are questions concerning the implementation of this policy in a given case, *the contractor shall* contact *the* RO PCOM coordinator.

E Mixed Training Events

In situations where provider education and training activities involve both PCOM and LPET training, the contractor shall allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to *PCOM* training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to *LPET* training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for *LPET* training and $.75 \times \$1,000 = \750 for *PCOM* training activities. *(The Program Integrity Manual, IOM Pub. 100-08, Chapter 1, sections 1.4.2.1 and 1.4.2.3, contains more information about charging fees for LPET training.)*

F Recording of Training Events

Entities not employed by CMS, or under contractual arrangement are not permitted to videotape or otherwise record training events for profit-making purposes. *If a contractor records a training event, then the contractor may charge a fee for the duplication and mailing of the videotapes upon request.*

20.2.3 - Provider Information and Education Materials and Resource Directory

(Rev.4, 03-05-04)

A2-2965.B.3

A. Dating of Materials

Provider education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B. Provider Information and Education Materials Resource Directory

The Provider Information and Education Resource Directory is comprised of provider education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing information to professional health care providers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider information and education tools among Medicare contractors, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider information and education material of note developed or used within the last 2 years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare contractors.

NOTE: All materials developed by Medicare contractors using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.

Submit materials that address subjects primarily on a national, rather than a regional or local basis. Do not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider bulletins or newsletters. Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. Include the name, address, telephone number and e-mail address of a contact person for each piece.

Send these materials to:

Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development
Mail Stop C4-11-27
7500 Security Boulevard,
Baltimore, MD 21244-1850
Attn: Resource Directory

Send one copy of all appropriate provider education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, send any significantly revised or updated versions of material previously submitted.

If you reproduce or use material, in whole or in part, originally developed by another Medicare contractor, that contractor should be acknowledged either within the material, or on its cover, case, or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.

30 – Carrier (Including DMERCs) Provider/Supplier Communications – Provider/Supplier Education and Training

(Rev. 3, 12-09-03)

B2-5107

This section and its related subsections apply only to carriers (including DMERCs).

Sections 1816(a) and 1842(a)(3) of the Social Security Act (the Act) require that contractors serve as a channel of communication for information to and from providers/suppliers. The fundamental goal of the CMS' Provider/Supplier Communications (PCOM) program (formerly Provider Education and Training, PET) is to give those who provide service to beneficiaries the information they need to understand the Medicare program so that, in the end, they manage Medicare related matters appropriately and bill correctly.

PCOM uses mass media, such as print, Internet, satellite networks, and other technologies, face-to-face instruction, and presentations in classrooms and other settings, to meet the needs of Medicare providers/suppliers for timely, accurate, and understandable Medicare information.

PCOM is directed at educating provider/supplier and their staffs about fundamental Medicare programs and policies, new Medicare initiatives, and significant changes to the Medicare program. These efforts are aimed at reducing the number of provider/supplier inquiries and claim submission errors. Unlike Local Provider Education and Training (LPET), PCOM, for the most part, is not targeted to individual providers/suppliers or limited and confined problems or errors. PCOM is instead designed to be broader in nature so as to meet the basic informational needs of Medicare providers/suppliers, plus have a unique focus upon training and consulting for new Medicare providers/suppliers as well. The scope of PCOM is to identify and address issues that are of concern to the broad provider/supplier audience.

30.1 - Provider/Supplier Communications - Program Elements

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall implement the basic requirements for PCOM stated herein.

Contractors shall report costs and workload data for the PCOM program according to the prescribed CAFM activity codes.

30.1.1 - Provider/Supplier Service Plan (PSP)

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall prepare and submit a PSP annually. The PSP outlines the strategies, projected activities, efforts, and approaches the contractor will use during the forthcoming year to support provider education and communications. The PSP must address and support all the implementation strategies and activities stated herein as well as all required activities stated in the yearly Budget and Performance Requirements (BPRs).

Contractors shall submit a draft or preliminary PSP for review to their Regional Office (RO) PSP coordinator or contact at the time it submits its annual budget request. Contractors shall send the final PSP electronically by October 31, to their RO PSP coordinator and to CMS Central Office (CO) at ProviderServices@cms.hhs.gov.

Contractors shall adhere to the PSP template/format and instructions located on the CMS Web site at www.cms.hhs.gov/contractors/providercomm/default.asp when

developing and issuing the annual PSP. Contractors must ensure that they are utilizing the most recent version of the PSP template/format.

30.1.2 - Provider/Supplier Inquiry Analysis

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* maintain a *systematic and reproducible* provider/supplier inquiry analysis program that will produce a monthly list of the most frequently asked questions (FAQs) *beyond claims status and eligibility* and areas of concern/confusion for providers/suppliers. *Contractors shall describe this process in the PSP. Contractors shall utilize information or instructions furnished by CMS to classify or categorize provider inquiries. Contractors shall develop and implement* outreach and educational efforts to address the needs of providers/suppliers as identified by this program.

30.1.3 - Provider/Supplier *Claims Submission Error* Analysis

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* maintain a provider/supplier data analysis program that will produce a monthly list of the most frequent, collective claims submission errors from all providers/suppliers *in their jurisdiction*. Claims submission errors *are those that* result in rejected, denied, or incorrectly paid claims. *Contractors shall develop and implement* outreach and educational efforts to address the needs of providers/suppliers as identified by this program.

30.1.4 - Provider/Supplier Communications (*P/SCOM*) Advisory Group

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Carriers *shall* support and maintain a *P/SCOM* Advisory Group (formerly referred to as the PET Advisory Group). This group should generally convene quarterly, but at a minimum, meet three times per year, and will provide advice and recommendations to the carrier on provider/supplier communications matters.

A. Purpose of (*P/SCOM*) Advisory Groups

The primary function of the *P/SCOM* Advisory Group is to assist the carrier in the creation, implementation and review of provider/supplier education strategies and efforts. The *P/SCOM* Advisory Group provides input and feedback on training topics, provider/supplier education materials, and dates and locations of provider/supplier education workshops and events. The group also identifies salient provider/supplier education issues, and recommends effective means of information dissemination to all appropriate providers and suppliers and their staff. The *P/SCOM* Advisory Group should be used as a provider/supplier education consultant resource, and not as an approval or sanctioning authority.

While it remains allowable for the carrier to use *P/SCOM* Advisory Groups to provide updates and facilitate discussion on current issues, the focus of the group meetings should remain centered on the development and implementation of effective provider/supplier communication materials and strategies.

B. Composition of *P/SCOM* Advisory Group

Contractors shall strive to maintain professional and geographic diversity within *the P/SCOM* advisory groups. *Contractors* should attempt to include representatives of various provider/supplier specialties serviced, including state and local trade and professional associations, practicing provider/supplier or staff members deemed appropriate, and representatives of billing organizations. Providers/suppliers from different geographic areas, as well as from urban and rural locales, should be represented in any *P/SCOM* Advisory Group. *Contractors should* consider inviting representatives of Quality Improvement Organizations (QIOs) from *the contractor's jurisdiction* to participate in *P/SCOM* Advisory Group meetings.

Contractors should consider having more than one *P/SCOM* Advisory Group when the breadth of *the* geographic service area, or range of the providers/suppliers serviced, diminishes the practicality and effectiveness of having a single *P/SCOM* Advisory Group. For further guidance on this issue, *contractors shall* contact *the* regional office PCOM contact.

C. The Contractor Role

The carrier *shall* maintain the *P/SCOM* Advisory Group. While group members should be solicited for agenda topics, it is not permissible for Medicare carriers to allow outside organizations to operate the *P/SCOM* Advisory Group. After soliciting suggestions from the provider/supplier community, the carriers should select the appropriate individuals and organizations to be included in the group. The main point of contact for all *P/SCOM* Advisory Group communication *shall* be within the carrier's *P/SCOM* or similar department. At a minimum, the carrier *shall be* responsible for recruiting potential members, setting-up and arranging all meetings, handling meeting logistics, producing and distributing an agenda, completing and distributing minutes, and keeping adequate records of the advisory group's proceedings.

Medicare contractors having more than one kind of Medicare contract (e.g., intermediary, Part B carrier, DMERC, *regional* home health intermediary, etc.) *shall* have separate PCOM *or P/SCOM* advisory groups for each kind of Medicare contract. It is also impermissible for the carrier having geographic proximity or overlap with one another to share a *P/SCOM* Advisory Group. Each carrier *shall* have its own separate group. Contractors shall not reimburse or charge a fee to group members for membership or for costs associated with serving on a *P/SCOM* Advisory Group. Carriers *shall* notify their CMS regional office PCOM coordinator of the schedule and location of *P/SCOM* Advisory Group meetings.

Contractors shall consider the suggestions and recommendations of the *P/SCOM* Advisory Group, and implement or enact them if *the contractor* deems them reasonable, practicable, and within *the* provider/supplier communications program requirements and budget constraints. After consideration, *the contractor shall* explain to the group the reasons for not implementing or adopting any group suggestions or recommendations.

D. Meeting Specifics

Contractors may hold *P/SCOM* Advisory Groups in-person or via teleconferencing. The CMS recommends that *contractors* hold at least one meeting per calendar year with

group members in-person. *Contractors shall make* teleconferencing is to be made available to Advisory Group members who cannot be present for any meeting. *Contractors shall* also have a specific area on *the Provider Outreach* Web site that allows providers/suppliers to access information about the *P/SCOM* Advisory Group (minutes from meetings, list of organizations or entities comprising the *P/SCOM* Advisory Group, an e-mail address for a contact point and for further information on the *P/SCOM* Advisory Group, etc.). *Contractors shall* notify *P/SCOM* Advisory Group members that information about their participation on the Advisory Group may be on the Web site. *Contractors* should consult with *the* CMS regional office PCOM coordinator if a member has objections, and on ways to mitigate them.

Contractors shall solicit discussion topics from group members *and shall distribute* meeting agendas to all members of the group and the CMS regional office PCOM coordinator at least 2 business days prior to any meeting. After each meeting, *contractors shall disseminate* minutes within 7 business days to all group members and others who request them.

E. Relationship to Other Carrier Advisory Groups

P/SCOM advisory groups operate independently from other existing carrier advisory committees. While a *P/SCOM* Advisory Group may, at its discretion, share information with other advisory groups, the *P/SCOM* Advisory Group does not need the approval, authorization or input from any other entity for its advice, recommendations, or issuances. While an individual *P/SCOM* Advisory Group member can be a member of another carrier advisory committee, the majority of *P/SCOM* Advisory Group members should not be current members of any other carrier advisory group.

For more information or specific guidance on any of the above issues, *contractors* should contact *the* regional office PCOM coordinator.

30.1.5 - Bulletins/Newsletters/*Educational Materials*

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Unless otherwise established with CMS, *contractors shall* print and distribute regular provider bulletins/newsletters, at least quarterly, which contain program and billing information. When feasible and cost-effective, *contractors shall* stop sending regular bulletins to providers with no billing activity in the previous 12 months. *Contractors shall post on the Provider/Supplier Outreach Web site* newly created bulletins/newsletters/*educational materials*.

Contractors shall provide within the introductory table of contents, summary, compilation or listing of articles/information, an indicator (e.g., word(s), icon, or symbol) that denotes whether the article/information is of interest to a specific provider audience(s) or is of general interest. *Contractors shall disregard* this requirement if the introductory table of contents, summary, or article/information compilation is structured by specialty or provider interest groupings.

Contractors shall include the following on all printed bulletins/newsletters *as* either a header or footer in boldface type within the first three pages: **"This Bulletin Should Be Shared With All Health Care Practitioners and Managerial Members of the**

Provider Staff. Bulletins Are Available at No Cost from Our Web Site [Insert Carrier Web Site Address]."

*Contractors shall encourage providers to obtain electronic copies of bulletins/newsletters and other notices through **the Provider/Supplier Outreach** Web site. If providers are interested in obtaining additional paper copies on a regular basis, **contractors** are permitted to charge a fee for this. The subscription fee should be "fair and reasonable" and based on the cost of producing and mailing the publication. **Contractors may also assess a** charge to any provider who requests additional single paper copies.*

Contractors may use alternative distribution methods to printing and mailing paper bulletins.

Contractors that have been approved by CMS for alternative distribution of bulletin information by December 31, 2005, shall continue to distribute their bulletins/newsletters in the manner that was approved. After December 31, 2005, both existing and new contractors interested in alternative distribution methods shall develop a proposal and submit it to CMS for approval. For a complete list of proposal requirements, go to www.cms.hhs.gov/contractors. Some elements of a proposal shall include:

- 1. Alternative distribution method, i.e. contractor website, CD-ROM;*
- 2. Documentation that electronic bulletins will contain the same information as paper bulletins;*
- 3. Projected savings over paper distribution (person hours and/or dollars), and*
- 4. Plans for use of projected savings.*

Contractors shall submit an evaluation of their alternative distribution method six months from its implementation date. A second evaluation is due six months from the first evaluation. Evaluations shall include:

- 1. Estimated savings during six months;*
- 2. Total number of paper bulletins distributed during six months;*
- 3. Analysis of why paper bulletins were requested by providers/suppliers, and suggestions of ways to assist them in getting electronic bulletins;*
- 4. Total number of providers/suppliers who are receiving paper bulletins after six months, and*
- 5. Total number of provider/supplier praises and complaints along with a description of praises and complaints.*

Contractors shall submit all evaluations electronically to CMS Central Office (CO) at ProviderServices@cms.hhs.gov.

After implementation, contractors may choose to modify elements of their alternative distribution program. Prior to implementing changes, contractors must first submit proposed modifications to CMS for approval. Proposals containing modifications must be submitted to ProviderServices@cms.hhs.gov. Contractors shall submit additional evaluation of their alternative distribution program six months after CMS has approved any modification(s).

30.1.6 - Seminars/Workshops/*Trainings*/Teleconferences

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall hold seminars, workshops, classes, or other face-to-face meetings, to educate and train providers/suppliers about the Medicare program and billing issues.

Contractors shall conduct at least two workshops during the year, *per jurisdiction*, that are targeted to new Medicare providers/suppliers and provider/supplier billing staff.

Contractors will be notified by CMS when workshops should be scheduled for each state. These workshops should deal with fundamental Medicare policies, programs, and procedures, but should concentrate and feature information on billing Medicare.

Whenever feasible, *contractors should coordinate* activities with other regional Medicare contractors, including quality improvement organizations (QIOs), other carriers and intermediaries, State Health Insurance Assistance Programs (SHIPs), and End Stage Renal Disease (ESRD) networks as well as interested groups, organizations, and CMS partners in *the* service area.

Contractors shall routinely and directly notify external groups, organizations, and other interested entities within *the* geographic service area of upcoming provider/supplier education and training events. Direct notification avenues include mail, telephone, and e-mail. *Contractors should make* notifications sufficiently in advance of the scheduled event to allow for registration.

Contractors shall develop and implement, whenever practicable, effectiveness measures for each education and training activity. This includes, but is not limited to, customer satisfaction survey instruments, pre- and post-testing at workshops and seminars, and other feedback mechanisms.

Whenever feasible, *contractors shall* hold teleconferences to address and resolve inquiries from providers as a method to reach a broad audience. If facilities permit, *contractors* should host Medicare Learning Network (MLN) satellite broadcasts for providers in *the* service area.

30.1.7 - New Technologies/Electronic Media

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors *shall* use new technologies and electronic media as an efficient, timely, and cost-effective means of disseminating Medicare provider/supplier information to the audiences they serve.

A *Provider/Supplier Outreach* Web Site

Contractors shall maintain a Web site that is dedicated to furnishing providers/*suppliers* with timely, accessible, and understandable Medicare program information. To reduce costs, Web sites should fit into existing infrastructure and use existing resource technologies whenever possible.

This Web site must comply with "Contractor Website Standards and Guidelines" posted at <http://cms.hhs.gov/about/web/contractors.asp> and must be compatible with multiple browsers. *Contractors shall* periodically review the "Web site Standards and Guidelines"

to determine continued compliance. During the first three months of each calendar year, *contractors shall* send a signed and dated statement to *the* RO PCOM Coordinator attesting to whether *the contractor's* Web site continues to comply with these guidelines and whether it is compatible with multiple browsers. The person in *the contractor's* organization who has authority over the Web site should sign the attestation statement.

The contractor's Provider/Supplier Outreach Web site *shall consist of information that is easy to use and easily searchable and shall* contain, *at a minimum*, the following:

- *Provider/supplier* bulletins/newsletters *for the past 2 years*;
- *Information concerning joining contractor provider/supplier listservs*;
- *Frequently Asked Questions (FAQs) based on high volume inquiries (updated at least quarterly)*;
- A schedule of upcoming *provider/supplier education* events (e.g., seminars, workshops, fairs.);
- Ability to register for seminars *contractor education events*;
- Search engine functionality;
- A “What’s New” or similarly titled section that contains important information that is of an immediate or time sensitive nature;
- A “Site Map” that shows in simple text headings the major components and allows users direct access to these components through selecting and clicking on the titles. This feature must be accessible from the home page of the Web site using the words “Site Map”;
- A tutorial explanation of how to use *the* Provider/Supplier Outreach Web site that is accessible from the home page. The tutorial must describe how to navigate through the site, how to find information, and explain features. The tutorial information can be on a “help” page as long as the “help” feature is accessible from the home page;
- Information for providers/suppliers on electronic *claims submission*;
- *Information about the contractor, at a minimum, including the telephone number (s) for provider/supplier inquiries, a fax number(s) for provider/supplier inquiries, and a mailing address for provider/supplier written inquiries*;
- *An IVR operating guide*;
- *CMS products, articles and messages posted, as directed; and,*
- *A feedback mechanism that asks users for their appraisals of the helpfulness and ease of use of the site, as well as their thoughts and suggestions for improvement or additions to the site.*

Contractors shall develop and implement a feedback mechanism for users of *the* Medicare Web site. Users must be able to easily reach the feedback instrument from the homepage of *the Provider/Supplier Outreach* Web site. This mechanism should ask users of *the* site for their appraisals of the helpfulness and ease of use of the site and the information contained on it, as well as their thoughts and suggestions for improvement or additions to the site.

Within *the* feedback mechanism *contractors shall* provide information about how providers/suppliers can offer reaction to CMS about *the contractor's* performance in their dealings with *the contractor*. *Contractors shall* provide the post office mailing address of *the* CMS Regional Office PCOM Coordinator as the referral point for these reactions.

The contractor's Provider/Supplier Outreach Web site *shall* link to:

- The CMS Web site at <http://www.cms.hhs.gov/>;
- The MLN at <http://www.cms.hhs.gov/medlearn>;
- The site for downloading CMS publications at <http://www.cms.hhs.gov/publications/>;
- The site for downloading CMS manuals and transmittals at <http://www.cms.hhs.gov/manuals/transmittals/>;
- CMS' Quarterly Provider Update (QPU) Web site page at <http://www.cms.hhs.gov/providerupdate/main.asp>;
- The site that contains descriptions for Remittance Advice reason codes and remark codes at www.wpc-edl.com/servicesreview.asp;
- CMS' HIPAA Web site at <http://www.cms.hhs.gov/hipaa/hipaa2>;
- CMS' central provider page at [http://www.cms.hhs.gov/providers](http://www.cms.hhs.gov/providers;);;
- CMS' Medicare supplier information site at <http://www.cms.hhs.gov/suppliers>; and
- Other CMS Medicare contractors, partners, QIOs, and other sites that may be useful to providers.

1 Directed Web Site/Bulletin Article

Carriers often receive instructions from CMS to print a provider/supplier education article or other information in their provider/supplier bulletin or newsletter and also place it on their Web site. Unless specifically directed otherwise, *contractors shall* locate the article or information from CMS on the "What's New" or similarly titled section of *the Provider/Supplier Outreach* Web site. Unless specifically directed otherwise, *the contractor should put* the article or information on the Web site as soon as possible after receipt, and *it* should remain on *the* Web site for 2 months, or until the bulletin or newsletter in which it is appearing is put on *the* Web site, whichever is later.

2 Use of Current Procedural Terminology

Contractor web sites *shall* adhere to requirements stated in Publication 100-04, Claims Processing Manual, Chapter 23, Subsection 20.7 regarding the use of current procedural terminology (CPT) codes and descriptions. During the first 3 months of each calendar year, *contractors shall* determine whether *the* Web site complies with requirements stated in this Chapter and Subsection of the Claims Processing Manual. *Contractors shall* send a signed and dated statement attesting to whether *the* Web site complies *with* the requirements, during the first 3 months of each calendar year, to *the* RO PSP or *PCOM* Coordinator. The person in the *carrier's* organization who has authority over the Web site should sign the attestation statement.

3 Web Site Promotion and Presentations

Contractors shall actively promote, market, and explain *the* Medicare Provider/*Supplier Outreach* Web site. *Contractors shall* present information concerning how to find, navigate and fully use *the* Medicare Provider/*Supplier Outreach* Web site. This information should be part of, or made available at, all provider education and training workshops and seminars, training sessions with individual providers, and all other provider education events.

B Electronic Mailing List/Listserv

1 General

Contractors shall maintain at least one electronic mailing list, or listserv, to notify registrants via e-mail of important, time-sensitive Medicare program information, upcoming provider/*supplier* communications events, and other announcements necessitating immediate attention. At a minimum, *contractors shall* use electronic mailing lists to notify registrants of the availability of bulletins/newsletters or other important information on *the* Web site. Providers/*Suppliers shall* be able to join *the* electronic mailing lists via *the* Provider/*Supplier Outreach* Web site. Subscribers to *the* electronic mailing lists must also be able to initiate de-listing themselves via the Web site. *Contractors shall* post notices on *the* Web site and in bulletins/newsletters that encourage subscription to the electronic mailing lists. *The contractor's* electronic mailing lists *shall* be capable of accommodating all providers/*suppliers*. *Contractors should construct* electronic mailing list(s) for only one-way communication, i.e., from *the contractor* to subscribers.

2 Targeted Listservs

Contractors shall develop and maintain multiple electronic mailing lists that allow *the contractor* to direct messages and information to segments of the provider/*supplier* population served. *Contractors shall* use these targeted electronic mailing lists to send messages and information regarding Medicare program, policies, or procedures that are of relevance or interest to specific provider/*supplier* audiences.

Contractors may use the following list to determine applicable provider/*supplier* audiences, and if feasible, may develop and use these as targeted provider listserv categories. This list does not preclude contractors from developing or using additional, categorically different or more finite groupings.

Provider Listserv Categories:

Ambulatory Surgical Center, Ambulance, Clinical Diagnostic Laboratory, Community Mental Health Center, Comprehensive Outpatient Rehabilitation Facility, DMEPOS, Federally Qualified Health Center, Hospital, Hospice, Home Health Agencies, Independent Diagnostic Testing Facility, Non-Physician Practitioner, Organ Procurement, Outpatient Physical Therapy Facility, Physician, Renal Dialysis Facility, Rural Health Clinic, Religious Non-Medical Health Care Institution, Skilled Nursing Facility.

3 Promotion and Membership

Contractors shall actively market and promote to *the* provider/supplier community the benefits of being a member of *the contractor's* listserv(s). *Contractors shall use* all regular provider/supplier communications tools and channels (bulletins, workshops, education events, advisory group meetings, written materials, remittance advice messages (if possible), etc.) for this endeavor. The total of unique, individual active members of *the contractor's* listserv(s) must be at 25 % or higher of *the* active provider/supplier count. For the purpose of calculating this percentage, no one individual member of *the* listserv(s) can be counted more than once, and active providers/suppliers are all individual providers/suppliers who have had billing activity during the previous 12 months.

NOTE: It is a goal of CMS that *the contractor's* listserv(s) population continually increases. CMS will periodically adjust the percentage requirement stated above in order to accomplish this goal.

4 Protection and Recordkeeping

Contractors shall be required to protect electronic mailing list(s) addresses from unauthorized access or inappropriate usage. *Contractors shall refrain from sharing, selling or in any way transferring* electronic mailing lists, or any portions or information contained therein, to any other organization or entity. In special or unique circumstances where such a transference or sharing of listserv information to another organization or entity is deemed to be in the best interests of CMS or the Medicare program, the carrier *shall* first obtain express written permission of its CMS regional office PCOM or PSP Coordinator.

Contractors shall maintain records of electronic mailing list usage. These records should include when the electronic mailing list(s) were used, text of the messages sent, the number of subscribers transmitted to per usage, and the author of the message.

Contractors shall keep records for one year from the date of usage.

30.1.8 - Training of Providers/Supplier in Electronic Claims Submission

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall conduct training for providers/suppliers or their staff in electronic claims submission. This may include, but is not limited to, activities listed in Productivity Investments; use of Medicare billing and PC-Print software; use of available Medicare Electronic Data Interchange (EDI) transactions; use of new or updated Medicare software released during the year; and use of newly introduced EDI standards and/or functions or changes to existing standards or functions.

NOTE: There are multiple sources of provider/supplier training requirements associated with EDI functions. The PCOM function covers providers/suppliers in group settings rather than contact with individuals. PCOM covers newsletters, classes, or outreach to groups of providers/suppliers and their staff on Medicare coverage, billing and benefits of EDI. PCOM does not include instruction related to connectivity for individual providers/suppliers or the resolution of connectivity problems.

30.1.9 - Provider/Supplier Education and Beneficiary Use of Preventive Benefits

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall conduct PCOM efforts that promote the use of preventive services and other benefits covered by Medicare. These preventive services may include, but are not limited to, initial physical examinations, cardiovascular and diabetes screening tests, screening mammography, and screening for colorectal, cervical, and prostate cancer. Other benefits include, but are not limited to, such topics as newly covered services and new or modified payment systems.

30.1.10 - Internal Development of Provider/Supplier Issues

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall hold periodic meetings with staff in appropriate areas the contractor's organization (including personnel responsible for medical review, enrollment, EDI/systems, appeals, and program integrity) to ensure that inquiries and issues made known by providers/suppliers to these other areas in the organization are communicated and shared with provider/supplier education staff. Mechanisms to resolve these issues should be discussed. Minutes of the meetings should be kept and filed.

30.1.11 - Training of Provider/Supplier Education Staff

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall implement a developmental plan for training new provider/supplier education personnel, and periodically assess the training needs of existing provider/supplier education staff. The plan, which must be written and available to the provider/supplier education staff, should include schedules, course or instruction vehicle descriptions, and satisfaction criteria. Training materials such as workbooks, manuals, and policy guidelines should always be readily available to the provider/supplier education staff.

CMS Sponsored Provider/Supplier Communications Training

Contractors *shall* send at least one training representative to national CMS conferences, e.g., train-the-trainer conferences. *Contractor* representatives should be from the appropriate business function area, i.e., provider/*supplier* education/customer service, payment, claims processing, billing, or medical review. These representatives will be responsible for training additional staff who will then educate providers/*suppliers* and provider/*suppliers* staffs in their area.

30.1.12 - Partnering with External Entities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors shall work toward establishing partnerships with external entities to help disseminate Medicare provide/supplier information. Partnering entities may be medical, professional or trade groups and associations, government organizations, educational institutions, trade and professional publications, specialty societies, and other interested or affected groups. By establishing collaborative information dissemination efforts,

provider/suppliers will be able to obtain Medicare program information through a variety of sources. Partnering or collaborative provider information and education efforts can include external entities:

- Printing information in member newsletters or publications;
- Reprinting and distributing (free-of-charge) provide/supplier education materials;
- Giving out provider/supplier education materials at organization meetings and functions;
- Scheduling presentations or classes to or for members;
- Posting provide/supplier information on their Web sites; and

Helping organizations develop their own Medicare provider/supplier education and training material.

30.1.13 – Other Specific Provider/Supplier Education Subjects and Activities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

A. Quarterly Provider Update Promotion

The Quarterly Provider Update (QPU) is a listing of the regulations and program instructions issued by CMS that impact Medicare providers/suppliers. The QPU is maintained by CMS and available to providers through the CMS Web site. Providers/suppliers may elect to join a CMS electronic mailing list, to be notified periodically, of additions to the QPU. *Contractors shall* promote the existence and usage of the QPU and the electronic mailing list to providers/suppliers through *the contractor's* provider/supplier communications avenues, e.g., Medicare Provider/Supplier *Outreach* Web site, bulletins/newsletters, provider/supplier workshops, presentations and events, and in provider/supplier education materials.

B. Remittance Advice Provider/Supplier Communications

Providers receive a remittance advice, which is a notice of payment and adjustment, once a claim has been received and processed. An adjustment refers to any change that relates to how a claim is paid differently from the original billing. Adjustments can include denied claim, zero payment, partial payment, reduced payment, penalty applied, additional payment and supplemental payment. Two important non-medical code sets are used to communicate an adjustment, or why a claim (or service line) was paid differently than it was billed. These code sets are Claim Adjustment Reason Codes and Remittance Advice Remark Codes. Descriptions for both of these code sets appear at: www.wpc-edi.com/servicesreview.asp. Contractors shall promote the use and understanding of the Remittance Advice as an educational tool for communicating claims payment information. Whereas specific instruction has not been giving by CMS to use specific Claim Adjustment Reason Codes and Remittance Advice Remark Codes to communicate claim payment and adjustment information and a code would help reduce provider inquiries, contractors shall use appropriate codes. Contractor provider inquiry, provider outreach and education and system staff shall work together to identify Claim

Adjustment Reason Codes and Remittance Advice Remark Codes to help communicate an adjustment and reduce provider inquiries.

The Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) are the preferred methods for claim payment communication and payment distribution. Contractors shall promote provider receipt of ERA and EFT.

When a provider elects to receive the Standard Paper Remittance (SPR), contractors shall use the SPR provider messaging properties, when available, of this notice to convey Medicare programmatic information including, but not limited to, the promotion of their Medicare provider Web site, changes in policies and programs, and the promotion of their upcoming outreach and education activities and efforts.

C. Provider/Supplier Assistance Referral Program

Contractors shall develop and maintain a provider/*supplier* assistance referral program within *the* provider/supplier communications function. This program should be capable of handling the more complex questions that may be referred by customer service representatives and require substantive technical experience, knowledge or research to answer.

30.1.14 - Provider/Supplier Education Material

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

As needed, *contractors shall* develop and produce provider/supplier information and education materials that support *the contractor's* provider/supplier communications activities. These materials do not include bulletins and newsletters.

As needed, *contractors shall* develop and produce provider/supplier education products that use special media, (videos, web/computer based training courses, audio tapes, CD ROMs, etc) and support *the contractor's* provider/supplier communications activities.

30.2 - Provider/Supplier Communications - Program Administration

(Rev. 3, 12-09-03)

30.2.1. - PSP Quarterly Activity Report

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

Contractors are required to prepare and submit QARs on a quarterly basis that address the strategies, activities, and efforts used to support the PCSP. The QAR summarizes and recounts the contractor's provider education and training activities during the previous quarter year. Contractors shall submit their QARs electronically to their Regional Office contact and to ProviderServices@cms.hhs.gov after the end of every quarter in the fiscal year. The deadlines for submitting the quarterly reports are as follows:

First quarter – January 31

Second quarter – April 30

Third quarter – July 31

Fourth quarter – October 31

Contractors shall adhere to the QAR template/format and instructions located on the CMS Web site at www.cms.hhs.gov/contractors/providercomm/default.asp when developing and issuing their QARs. Contractors must ensure that they are utilizing the most recent version of the QAR template/format.

30.2.2. - Charging Fees to Providers/Suppliers for Medicare Education and Training Activities

(Rev. 15, Issued: 11-18-05, Effective: 12-19-05, Implementation: 12-19-05)

CMS expects that contractors shall not charge for the development and presentation of provider education and training and provider education materials. However, there are some circumstances under which contractors may charge fair and reasonable fees to participants to offset or recover costs associated with educational activities.

A No Charge

Except when a provider or external group has requested the training, contractors shall not charge for the development and/or presentation of materials for education and training activities.

B Fair and Reasonable Fees

Contractors may charge fair and reasonable fees in the following instances and/or for the following items to offset or recover the costs associated with the training or educational activity or material; note that fair and reasonable means that the fee charged is in line with the actual cost of the activity or item and is within the means of likely participants.

1. Contractor-sponsored training activity

At a contractor-sponsored training activity, contractors may charge to offset the costs for:

- Facilities (i.e., costs for rental and set up),*
- Audio/visual equipment (i.e., costs for rental and set up),*
- Light food/refreshments, and*
- Duplication of materials.*

2. Copies of material available on the provider education website

Contractors may charge for:

- Copies of information available on the contractor's website, including paper or other form (i.e., CD-ROM) sent directly to the provider (i.e., duplication costs, shipping and handling.)*

3. Training Requested by Individual Provider or External Group

Contractors may charge for:

- *Costs for development of materials, presentation of materials, duplication of materials, staff time and preparation, travel, accommodations, and registration fees (as appropriate.)*

NOTE: *The contractor* may accept nominal speakers' fees or recognition gifts, such as pens engraved with the host logo, coffee mugs, plaques, flowers, etc. However, *the contractor is* not permitted to accept and/or use substantive gifts or donations associated with participation in education and training activities absent specific authority from CMS.

C - Considerations and Record Keeping for Fee Collection, Including Excess Revenues

Fees collected in keeping with the above guidance must be used only to cover the costs of these activities and may not be used to supplement other Medicare contractor activities. Additionally, development and reproduction costs for materials developed expressly for a contractor sponsored training event or workshop and disseminated and used at the event can be included in the costs incurred for that workshop.

Whenever fees are collected, contractors shall keep records per event per fiscal year of the actual costs incurred, i.e., facility rental, audio/visual equipment, light refreshments, development and/or duplication of materials, and all fees charged to, and collected from, registrants. Contractors shall keep records for at least one year from the date of the educational event and should document actual costs used to support the fees charged.

Excess Revenues from Participant Fees

Excess revenues from participant fees may occur when the total of the fees collected exceeds the total of the allowable costs. Contractors may use one of the following methodologies for the purpose of determining the treatment and disposition of any excess revenues collected from fee-associated provider education events.

Per event: *The total of fees or charges for any event should not exceed by more than 10 per cent the actual costs incurred for the event. If it does, the contractor shall refund the entire excess amount collected to all the registrants who paid a fee for that event. For example, the contractor may charge participants a \$50 registration fee for an event that cost the contractor \$10,000 (e.g., light refreshments, meeting facility, and equipment rental), 250 individuals pay to attend and the contractor collects \$12,500. Since the amount collected exceeded more than 10 per cent of the costs (\$1,000), the entire excess amount collected (\$2,500) is disbursed back to all paying registrants.*

Per year: *The contractor shall total, as of June 30, the fees or charges collected to attend already held fee-associated provider education and training events for the fiscal year. The contractor shall add to that amount/total fees or charges the contractor estimates will be collected from attendance at all remaining scheduled events. The contractor shall subtract the total costs (meeting room rental, audio-visual/presentation equipment, light refreshment and food, and specially developed workshop material) from the total of fees collected and estimated for the remaining months of the current fiscal year. If the remainder is a number that is 10 percent or less of total costs, the contractor shall note that amount in the 3rd quarter QAR. If the remainder is a number between 10 and 50 percent of total costs, the contractor shall send a message by July 15 to CMS CO (providerservices@cms.hhs.gov) and the RO PSP representative explaining the amount*

of excess revenue, and plans for how the contractor will be using this money within the PCOM program. If the remainder is above 50 percent of the total costs, the contractor shall send a message by July 15 to CMS CO and the RO PSP Coordinator explaining the amount of excess revenue, and be prepared to refund the entire excess revenue equally to everyone who attended one of the contractor's fee-based training events.

D Refunds/Credits for Cancellation of Events

In order to secure sites needed for future provider/supplier training events, the *contractor* may have to make commitments under which it will incur contractual expenses for training accommodations and services. *The contractor shall make* full or partial refunds/credits to providers who register for an event, and cancel before the event, or do not attend the event, within the context of these contractual arrangements. If training is scheduled and the *contractor* cancels the event, *the contractor shall make* a full refund to registrants. If there are questions concerning the implementation of this policy in a given case, *the contractor shall* contact *the* RO PCOM coordinator.

E Mixed Training Events

In situations where provider education and training activities involve both PCOM and LPET training, the contractor shall allocate the proportional costs between the activities. That is, the proportional share of the cost of a function allocated to *PCOM* training is equal to the percentage of time related to this training. For example, if it costs \$1,000 to arrange and conduct a mixed training session, with 25 percent of the session related to *LPET* training, then the proportional cost allocation for the training would be $.25 \times \$1,000 = \250 for *LPET* training and $.75 \times \$1,000 = \750 for *PCOM* training activities. *(The Program Integrity Manual, IOM Pub. 100-8, Chapter 1, sections 1.4.2.1 and 1.4.2.3, contains more information about charging fees for LPET training.)*

F Recording of Training Events

Entities not employed by CMS, or under contractual arrangement are not permitted to videotape or otherwise record training events for profit-making purposes. *If a contractor records a training event, then the contractor may charge a fee for the duplication and mailing of the videotapes upon request.*

30.2.3 - Provide/Supplier Information and Education Materials and Resource Directory

(Rev. 4, 03-05-04)

A. Dating of Materials

Provider/supplier education and training materials produced (pamphlets, brochures, work books, reference manuals, CDs, etc.) must bear the month and year they were produced or re-issued.

B Provider/Supplier Information and Education Materials Resource Directory

The Provider/Supplier Information and Education Resource Directory is comprised of provider and supplier education materials developed by Medicare contractors. The materials, which include brochures, manuals, work and reference books, fact sheets, videos, audio tapes, CDs, etc., are used to convey Medicare program, policy and billing

information to professional health care providers/suppliers and others associated with the health services about industry. The purpose of the Directory is to facilitate the sharing of provider/supplier information and education tools among Medicare contractors, and would, therefore, help reduce the cost of development of these materials.

Unless previously submitted, send one copy of any provider/supplier information and education material of note that have been developed or used within the last 2 years to the address below. This material should be suitable to be used or copied in whole or in part by other Medicare contractors.

NOTE: All materials developed by Medicare contractors using CMS funding as the principal source for its development are considered the property of CMS, and must be made available to CMS upon request.

Submit materials that address subjects primarily on a national, rather than a regional or local basis. Do not send materials containing information predominately tailored to local or regional audiences that have little national application such as unique letters, event notices, or complete provider/supplier bulletins or newsletters. Individual bulletin or newsletter articles focusing on subjects of nationwide interest can be sent. Include the name, address, telephone number, and e-mail address of a contact person for each piece.

These materials are sent to:

Centers for Medicare & Medicaid Services
Division of Provider Information Planning and Development,
Mail StopC4-11-27
Attn: Resource Directory
7500 Security Boulevard
Baltimore, MD 21244-1850

Send one copy of all appropriate provider/supplier education and information materials (excluding bulletins/newsletters) developed in the future, to the address above. Also, send any significantly revised or updated versions of material previously submitted.

If you reproduce or use material, in whole or in part, originally developed by another Medicare contractor, that contractor should be acknowledged either within the material, or on its cover, case or container. In the case of printed text material, this acknowledgement should appear on the inside back page or cover.